

**FILED**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF FLORIDA  
ORLANDO DIVISION

MAR 02 2015

CLERK U.S. BANKRUPTCY,  
ORLANDO DIVISION

In re:

CASE NO.: 6:12-bk-09994-ABB

CARLOS LUIS RODRIGUEZ,

CHAPTER 13

Debtor(s).  
\_\_\_\_\_ /

## AMENDED MOTION FOR PAYMENT OF UNCLAIMED FUNDS

Comes now the undersigned, to move the Court to enter an order directing payment of unclaimed funds now on deposit in the Registry of the United States Bankruptcy Court. Claimant is a creditor X debtor in the above captioned bankruptcy case and on whose behalf funds were deposited. I have a right to claim said funds due to the following: distribution entitled to debtor. (Doc. No. 33)

Name of Claimant: CARLOS LUIS RODRIGUEZMailing Address: PO BOX 220City: Intercession City State: FL Zip Code: 33848Telephone Number: Home: 407-414-5866 Work: \_\_\_\_\_Last Four Digits of SS# or Tax ID Number: \*\*9935Amount of Claim: \$ 13,236.56

Claimant certifies under penalty of perjury that all statements made by Claimant on this motion and any attachments required for this Motion is, to the best of Claimant's knowledge, true and correct. Accordingly, Claimant requests the Court to enter an Order authorizing payment of the dividend due upon this claim.

I certify that I have mailed a copy of this Motion to the U.S. Attorney, Attn: Civil Procedures Clerk, 400 N. Tampa St., Ste. 3200, Tampa, FL 33602.

Carlos L. Rodriguez  
CLAIMANT'S SIGNATURE

3-2-2015  
DATE

**STATE OF FLORIDA  
COUNTY OF OSCEOLA**

Sworn to and subscribed before me this 2<sup>nd</sup> day of March, **2015**, by **CARLOS RODRIGUEZ**,  
who is personally known to me ( ) or who produced the following as identification:  
FLDL

  
\_\_\_\_\_  
**NOTARY PUBLIC**, State of  
**MY COMMISSION EXPIRES:**



